

FILED FEB 8 1943

Registration District No. 316

Primary Registration District No. 3060

Registrar's No. 201

1. PLACE OF DEATH

(a) County St. Francois  
(b) City or town Farmington  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: 12 hospital or institution. (Specify whether  
In this community Seven years years, months or days)

3. (a) PRINT FULL NAME

Josephine Conrad  
3. (b) If veteran, name war. No. 3. (c) Social Security No. 1

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, 2 divorced Widowed  
6. (b) Name of husband or wife John J. Conrad 6. (c) Age of husband or wife if alive die years  
Birth date of deceased March 2, 1868 (Month) (Day) (Year)

8. AGE: Years 74 Months Days If less than one day

9. Birthplace Sedge McDeville Bogalusa (City, town, or county) (State or foreign country)

10. Usual occupation Home Maker

11. Industry or business Home Maker  
12. Name Daniel Barks  
13. Birthplace Sedge McDeville Mo (City, town, or county) (State or foreign country)  
14. Maiden name Anna Barks  
15. Birthplace Sedge McDeville Mo (City, town, or county) (State or foreign country)

16. (a) Informant Edwin J. Conrad  
(b) Address Farmington, Mo  
17. (a) Burial (b) Date thereof (Month) (Day) (Year)  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Old Cemetery Fredrick Home

18. (a) Signature of funeral director Copauin Helt Home  
(b) Address Farmington Mo  
19. (a) Jan 29, 1943 (b) Byndie Bukhmaster (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Francois  
(c) City or town Farmington, Mo (If outside city or town limits, write "RURAL")  
(d) Street No. (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 28<sup>th</sup>  
year 1943 hour 1 minute 15 a.m.  
21. I hereby certify that I attended the deceased from Jan 27<sup>th</sup> 1943 to Jan 28<sup>th</sup> 1943  
that I last saw her alive on Jan 27<sup>th</sup> 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Colony  
Thrombosis  
Due to Endocarditis  
myocardial  
Due to Hypertension

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy None

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury 2  
23. Signature L.M. Stanfield M. D. or other 00  
Address Farmington Date signed 1/29/43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 4  
District File Number 243-1660  
Date Filed 2-5-43

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Nellie Harter*

Licensed Embalmer No. 2969

P. O. Address. *Farmington, Mo.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**